PAGE 1 / 9

Image# 12940428181

### **FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORIW 3X	For Other Than An	Authorized	I Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Fva	mple: If typir	na tyne		Since Ode Only	
COMMITTEE (in full)	· · · · · · · · · · · · · · · · · · ·		r the lines.	ig, type	12FE4M5		
ORGANIZATION FOR	R HEALTHCARE I	NNOVATI	ON IN O	HIO PAC			
ADDRESS (number and street)	545 E TOWN ST						
Check if different							
than previously reported. (ACC)	COLUMBUS				OH	43215	
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		S	STATE A	ZIP CC	DDE 🛦
C C00511386		3. IS THIS REPORT	~	IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 45		Apr 20 (M4)	J	lul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
April 15 Quarterly Report (	Q1) (c) 12-Day	П	Primary (12P	) ×	General (	(12G)	Runoff (12R)
July 15 Quarterly Report (	PRE-Election	n	Convention (		Special (		
October 15 Quarterly Report (							
January 31 Year-End Report (	YE)E	Election on	11 /	06	2012	in the State of	of OH
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Electi Report for ti		General (30G	à)	Runoff (3	0R)	Special (30S)
Termination Repor (TER)	t	Election on	M = M /	D = D /	Y = Y = Y = Y	in the State of	of
5. Covering Period 1		012	through	10	/ D D /	2012	
I certify that I have examined t	his Report and to the be	est of my know	wledge and b	pelief it is true	e, correct and	l complete.	
Type or Print Name of Treasure	er Sean Dunn						
Signature of Treasurer Sear	ı Dunn		[Electronically	Filed] Da	ate 10	/ D D / 25	2012
NOTE: Submission of false, error	neous, or incomplete infor	mation may su	bject the pers	son signing th	is Report to th	e penalties of 2	U.S.C. §437g.
Office					, 	FEC FOF	
Use Only						Rev. 12/2	

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### ORGANIZATION FOR HEALTHCARE INNOVATION IN OHIO PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a	a) Cash on Hand  January 1,  2012		0.00
(I	c) Cash on Hand at  Beginning of Reporting Period	8764.77	
(0	c) Total Receipts (from Line 19)	0.00	19500.00
(0	d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8764.77	19500.00
. т	otal Disbursements (from Line 31)	4500.00	15235.23
F	cash on Hand at Close of Reporting Period Subtract Line 7 from Line 6(d))	4264.77	4264.77
th	bebts and Obligations Owed <b>TO</b> ne Committee (Itemize all on schedule C and/or Schedule D)	0.00	
th	bebts and Obligations Owed BY ne Committee (Itemize all on schedule C and/or Schedule D)	0.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### ORGANIZATION FOR HEALTHCARE INNOVATION IN OHIO PAC

outions (other than loans) From: dividuals/Persons Other nan Political Committees Itemized (use Schedule A)  ) Unitemized		tal This Period	.00	Calendar Year-	
dividuals/Persons Other nan Political Committees Itemized (use Schedule A)	1 1 2	0	00		
Itemized (use Schedule A)	7	0.	00		
) Unitemized	7	0.	00		
			.00	7 7	19500.00
i) TOTAL (add	7	, 0	.00	7 7	0.00
Lines 11(a)(i) and (ii)▶		, 0	.00		19500.00
olitical Party Committees		0	.00		0.00
ther Political Committees		0	.00		0.00
				7 7	0.00
			00		19500.00
	7	U.	.00		19300.00
Committees	7	0.	.00	7 7	0.00
ana Dagaiyad		0.	.00		0.00
ans Received	7				0.00
Repayments Received		0.	.00		0.00
	7	7		7 7	
·		0.	00		0.00
	7				
		0	00		0.00
	7	0.	.00		0.00
· ·			00		0.00
		0.	00		0.00
			00		
rom Schedule H3)	7	0.	00		0.00
in Funds (fram Caball II III)		0	00		0.00
vin Funds (from Schedule H5)	7			7 7	0.00
al Transfers (add 18(a) and 18(b))		0.	.00		0.00
	uch as PACs)	uch as PACs)	uch as PACs)	uch as PACs)	uch as PACs)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		2.1.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	500.00	6235.23		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	500.00	6235.23		
22.	Transfers to Affiliated/Other Party	7	7		
2	CommitteesContributions to	0.00	0.00		
٥.	Federal Candidates/Committees and Other Political Committees	0.00	4000.00		
24.	Independent Expenditures	0.00	0.00		
25.	(use Schedule E)	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
26.	Loan Repayments Made	0.00	0.00		
. 7	Laura Mada	0.00	0.00		
27.	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees				
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
29.	Other Disbursements	4000.00	5000.00		
	Fordered Floretiers Astricts (O.11.0.0. \$404(00))				
oU.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely				
	With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4500.00	15235.23		
32.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	4500.00	15235.23		
	from Line 31)	4500.00	10230.23		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	20 101111 01 (1011 01 1					
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	19500.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	19500.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	500.00	6235.23				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
3. Net Operating Expenditures (subtract Line 37 from Line 36)	500.00	6235.23				

### S 17

SCHEDULE B (FEC Form 3X)		T								
	Use separate schedule(s)			NUMBER: PAGE 6 OF 9						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 2						25 29		
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		ed by any p	person fo	the p	urpose	of solici	iting co	ontribu		
NAME OF COMMITTEE (In Full)										
ORGANIZATION FOR HEALTHO	ARE INNOVATION II	N OHIO	PAC							
Full Name (Last, First, Middle Initial)										
A. McTigue & McGinnis LLC				Date of Disbursement						
Mailing Address 545 E Town St		10		16		012				
City Columbus							B.414	4		
Purpose of Disbursement Legal Services	102.10	43213					sement	t this	Period	
Candidate Name		Cotomonu		ilouiit (	01 <u>L</u> uoi	Biobail	001110111		- Cilica	
		Category/ Type	L		7		7	500	0.00	
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼									
State: District:	_									
Full Name (Last, First, Middle Initial)			D	Date of Disbursement						
Mailing Address					M - M / D - D / Y - Y - Y - Y				Y	
City	State Zip Code									
Purpose of Disbursement	Purpose of Disbursement				Amount of Each Disbursement thi				Destant	
Candidate Name		Category/ Type	-11	nount	of Each	DISDUR	semen	ttnis	Perioa	
Senate President	ement For: Primary General Other (specify)									
State: District:  Full Name (Last, First, Middle Initial)										
C.			D	ate of I	Disburs	ement	V		V	
Mailing Address	Mailing Address									
City	State Zip Code									
Purpose of Disbursement	Purpose of Disbursement									
Candidate Name		Category/ Type		nount (	of Each	Disburs	sement	t this	Period	
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼	- ۱۳۰			7		,			
State: District:	_									
CURTOTAL of Dishursomento This David (author)			Γ	-	-			500	0.00	
SUBTOTAL of Disbursements This Page (optional			<u> </u>	-	1					
TOTAL This Period (last page this line number on	V)				- '	- '	_	500	.00	

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 9								
	EMIZED DISBURSEMENTS	Use separate schedule(s	۱ I	(check only one)		-	OWIDEIT.				
•		for each category of the Detailed Summary Page			21b					26	
_					27	28a		28b	28c	X 29	30b
	ny information copied from such Reports and Stater										
or	for commercial purposes, other than using the name	ne and address of any polit	icai co	mmı	ttee to	SOIICIT CO	ntribl	ations	from su	cn comm	iiπee.
$  \rangle$	NAME OF COMMITTEE (In Full)  ORGANIZATION FOR HEALTHCA	ADE ININIOVATIONI	INI C	الباد	O D	۸.					
/	ORGANIZATION FOR HEALTHU	ARE INNOVATION	IIN C	יוחע	O P	40					
_	Full Name (Last, First, Middle Initial)										
A.	Elect Devitis					Date o	f Disl	burse	ment		
						10 17 2012					Y
	Mailing Address 660 Singlay Ave										
	City	State Zip Code									
	Akron	OH 44310				Trans	sactio	on ID	: SB29.4	149	
	Purpose of Disbursement Contribution				$\neg$						
						Amoun	t of E	Each	Disburse	ment this	s Period
	Candidate Name			tego						2	50.00
	Office Sought: House Disburser	ment For:		Type				,	7		
	Senate	Primary General									
	President	Other (specify) ▼									
	State: District:										
Б	Full Name (Last, First, Middle Initial)					Data	( D:-I				
В.	Kathleen Clyde Committee					Date o	_ `				
	Mailing Address 206 S Meridian St					10 17 2012				Y	
	Ste A										
	City	State Zip Code				Trans	sactio	on ID	: SB29.4	155	
	Ravenna Purpose of Disbursement	OH 44266	1								
	Contribution			Amoun	t of E	Each	Disburse	ment this	s Period		
	Candidate Name	Category/			n/	Amount of Each Disbursement this Period					
				Type				,		2	50.00
		ment For:									
	Senate	Primary General									
	President State: District:	Other (specify) ▼									
_	Full Name (Last, First, Middle Initial)										
C.	Larose for Senate					Date o	f Disl	burse	ment		
						M M	/	D	D /	YYY	Y
	Mailing Address 553 Royal Crest					10		17	7	2012	
	City	Ctata Zin Cada									
	City Copley	State Zip Code OH 44321				Trans	sactio	on ID	: SB29.4	145	
	Purpose of Disbursement	<del>_</del>			_						
	Contribution					Amoun	t of E	Each	Disburse	ment this	s Period
	Candidate Name			tego				-		5	00.00
	Office Sought: House Disburser	ment For:		Туре				7	7	J	10.00
	Senate Disburser	Primary General									
	President	Other (specify)									
_	State: District:										
	·						_			-	
S	SUBTOTAL of Disbursements This Page (optional)				•			,		100	00.00
<u> </u>	OTAL Title Desired (Co. 1997)										
L	OTAL This Period (last page this line number only)	)						,		-	

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF 9						
IT	EMIZED DISBURSEMENTS	Use separate sched for each category o		(check only	one)					
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	ny information copied from such Reports and Staten									
or	for commercial purposes, other than using the nam	ie and address of any	political	COMMITTEE TO	Solicit continuutions from such committee.					
	NAME OF COMMITTEE (In Full)	DE ININIOVATI	<b>∪</b> N I I N							
/	ORGANIZATION FOR HEALTHCA	KE INNOVATI	ON IIV	I OHIO PA	AC .					
<u></u>	Full Name (Last, First, Middle Initial)									
A.	Ohio House Republican Organizati		Date of Disbursement							
		M M / D D / Y Y Y Y								
	Mailing Address 4679 Winterset Dr				10 17 2012					
	City	State Zip Code	9							
	Columbus	OH 43220	-		Transaction ID : SB29.4157					
	Purpose of Disbursement	<u> </u>								
	Contribution				Amount of Each Disbursement this Period					
	Candidate Name			Category/	1000.00					
	Office Cought: House	ant For		Туре	1000.00					
	Office Sought: House Disburser Senate		neral							
	President	Other (specify)	iciai							
	State: District:	(Speeding) \ \								
_	Full Name (Last, First, Middle Initial)									
В.	Republican Senate Campaign Con	nmittee			Date of Disbursement					
					M = M / D = D / Y = Y = Y					
	Mailing Address 4679 Winterset Dr				10 17 2012					
	City	State Zip Code								
	Columbus	OH 43220	7		Transaction ID : SB29.4159					
	Purpose of Disbursement									
	Contribution		_	_, . []	Amount of Each Disbursement this Period					
	Candidate Name			Category/	1000.00					
	000			Туре	1000.00					
	Office Sought: House Disbursen		oral							
	Senate President	Primary Gen Other (specify) ▼	neral							
	State: District:	outer (opeony) ▼								
_	Full Name (Last, First, Middle Initial)									
C.	Skyes for Office				Date of Disbursement					
					M M / D D / Y Y Y Y					
	Mailing Address 133 Furnace Run Dr				10 17 2012					
	City	State 7:5 Code								
	•	State Zip Code OH 44307	7		Transaction ID: SB29.4151					
	Purpose of Disbursement	11001								
	Contribution				Amount of Each Disbursement this Period					
	Candidate Name			Category/	250.00					
				Туре	250.00					
	Office Sought: House Disburser		امیدا							
	Senate President	Primary Gen Other (specify) ▼	neral							
	State: District:	oulei (specify) ▼								
Г	District.									
s	SUBTOTAL of Disbursements This Page (optional)				2250.00					
$\vdash$										
l٠	OTAL This Period (last page this line number only)									

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF 9						
	EMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NONDELL.					
• •		for each category of the Detailed Summary Page	`21b´	22 23 24 25 26					
_		Dotailed Guillinary 1 age	27	28a 28b 28c X 29 30b					
	ny information copied from such Reports and Stater								
or	for commercial purposes, other than using the name	ne and address of any polit	ical committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	ORGANIZATION FOR HEALTHCA	ARE INNOVATION	IN OHIO PA	AC					
$\angle$	Full Name (Last, First, Middle Initial)								
A.	Slaby for State Representative	Date of Disbursement							
	Slaby for State Representative	10 17 2012							
	Mailing Address 527 Cheswyck Ct								
	,	State Zip Code OH 44321		Transaction ID : SB29.4153					
	Copley Purpose of Disbursement	OH 44321							
	Contribution			Amount of Each Disbursement this Period					
	Candidate Name		Category/						
			Type	250.00					
	Office Sought: House Disburser	ment For:							
		Primary General							
	President	Other (specify) ▼							
_	State: District:								
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement					
۵.	The Tom Sawyer Committee								
	Mailing Address 1298 N Howard			10 17 2012					
	5 1200 14 Howard								
		State Zip Code		Transaction ID : SB29.4147					
	Akron Purpose of Disbursement	OH 44310		· · · · · · · · · · · · · · · · · · ·					
	Contribution			Amount of Each Disbursement this Period					
	Candidate Name		Catavirus	oan or East blood content this i cilou					
			Category/ Type	500.00					
	Office Sought: House Disburser	nent For:							
	Senate	Primary General							
	President	Other (specify) ▼							
	State: District:								
_	Full Name (Last, First, Middle Initial)			Data of Diahumana					
C.				Date of Disbursement					
	Mailing Address			M M / D D / Y Y Y Y					
	Maining Addition								
	City	State Zip Code							
	Purpose of Disbursement								
	Candidate Name			Amount of Each Disbursement this Period					
	Candidate Name		Category/ Type						
	Office Sought: House Disburser	ment For:	Type						
	Senate	Primary General							
	President	Other (specify) ▼							
_	State: District:	· 							
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s	SUBTOTAL of Disbursements This Page (optional)		·····•	750.00					
Г				4000.00					
ΙŢ	OTAL This Period (last nage this line number only)			4000.00					